Meeting Summary

eHealth Technical Working Group
March 3, 2010 11:00AM-12:30PM

Quorum
Quorum was achieved.

TAC Update
TAC will be further developing the business requirements for shared services in the three key meaningful use areas of eligibility checking, lab results/orders, and clinical summary exchange. The committee is forming three task groups to accomplish this work, which is scheduled to be completed on 3/16. A spreadsheet template has been developed for use by the task groups that provides a systematic way to analyze the various attributes of services that could facilitate these meaningful use functions. Following the elaboration of business requirements, TAC will then seek to reaffirm its priorities for the development of shared services to support meaningful use.

Rim Cothren mentioned that it may also be useful for TAC to consider the meaningful use cases that have been prioritized by the NHIN Direct workgroup (www.nhindirect.org/User+Stories) and to compare this with TAC's prioritization.

Update on NHIN Direct
Rim provided a overview of the key information presented about NHIN Direct at HIMSS.

- NHIN Direct will not replace NHIN (referred to here as "NHIN Classic"), nor will it depend upon NHIN Classic. It is completely separate from NHIN Classic.
- NHIN Direct is a set of policy services and specifications for secure exchange of information between parties that are known to each other. Thus, it will most likely not include formal directory structures such as what is described in the CS-HIE technical architecture.
- NHIN Direct is meant to concentrate on local exchange and a simpler mechanism than NHIN.
- Initial specifications are expected to be released in the next two months, and real-world implementations of NHIN Direct are slated for Fall 2010.
- The project wiki is available at www.nhindirect.org.
- The use cases that have been prioritized by NHIN Direct as "must haves" to support are all push transactions, and focus exclusively on meaningful use.

Update on Voting Membership
Thus far, members from 13 organizations have responded to the invitation to continue as part of the TWG voting membership. Barring additional interest (e.g., from certain state organizations that have not yet responded), the number of members needing to be present for quorum will be 7.

Walter will update Jonah regarding these results for his input/approval of the proposed changes. After the results have been finalized, TAC will then be updated about the steps that have been taken to improve participation within TWG.

HIE Summit Meeting
All group members are invited to attend the upcoming HIE Summit Meeting on 3/11 in Santa Ana, CA. The purpose of the meeting is to discuss and resolve cross-workgroup issues in the draft Operational

Plan. Additionally, representatives of the newly named Governance Entity will be introduced at the meeting.

The current agenda allots one hour for presentation and discussion of the technical architecture. The co-chairs of both TAC and TWG will be at the meeting to represent the technical architecture and participate in discussion.

HIE Services for Administrative Transactions

The remainder of the meeting was spent discussing CS-HIE architectural support for eligibility checking. At the last meeting, TWG decided to: (1) make support of EDI-based administrative transactions a primary and required capability of the technical architecture, and (2) support administrative transactions involving web-based single sign-on to the greatest degree feasible. Of note, most health plans currently support different capabilities via their EDI and web portal channels. For example, a health plan may support only batch transactions via EDI, and real-time transactions via web portal. Thus, there is a need to support both channels.

The group discussed scenarios pertaining to a hypothesized third party all-payer portal solution describing how the architecture could support both of these capabilities. As described in past meetings, the hypothesized all-payer portal has both an EDI component and a web portal component with single sign-on capabilities. The all-payer portal would not itself be offered as a CS-HIE shared service, but would interact with CS-HIE services.

EDI scenario

In this scenario, a practice management system wishing to send an eligibility inquiry to a payer could interact with the CS-HIE Core Services to:

- Look up the payer in the Entity Registry Service;
- Retrieve the provider directory from the payer or from the CS-HIE Provider Directory Service, depending on whether the payer chooses to publish the directory itself or through the provider directory service;
- Locate and retrieve the entry in the provider directory that corresponds to the payer's eligibility database or alternatively to a clearinghouse being utilized by the payer;
- Send the transaction in the format and to the address specified in the directory entry, along with its authentication assertion.

Alternatively, if the practice has an existing relationship with a clearinghouse, the practice management system could send its inquiry to the clearinghouse, whereupon the clearinghouse would interact with the CS-HIE core services as described above.

The following comments were made by participants:

- David Bass suggested that the scenario indicate the possible role of an EHR in eligibility checking since this is a meaningful use criterion that is intended to be met through an EHR. Eileen Moscaritolo agreed that EHR vendors are beginning to make eligibility checking a core functionality of their products. Walter affirmed this point, and made the additional clarifying observation that the IFR released by ONC allows providers to use multiple "EHR modules" to perform different meaningful use functions, which would seem to include practice management systems.

- Rim Cothren asked for clarification about whether the Provider Directory Service is necessary to complete the transaction, since information for provider authentication can actually be passed as part of the transaction payload itself according to CAQH Core Rules. Walter replied that the Provider Directory Service is not limited to information about providers, but also includes information about other principals such as laboratories, immunization registries, pharmacies, and payers.
- Rim stated that an alternative to the "orchestrated query" approach described in the scenario could be a central eligibility repository that is updated regularly by health plans and is used to respond to eligibility queries. Eileen Moscaritolo did not believe that all of the commercial health plans would agree to submit their eligibility data to a central repository. Additionally, a central repository would result in problems related to overlapping eligibility segments due to the prevalence of managed eligibility associated with the capitated model that is part of California's health plan landscape. She did, however, feel that payers would be willing to engage in and support an orchestrated query solution such as the one described in the scenario.
- Rim raised a concern about performance of eligibility checking using an orchestrated query, since this would be dependent upon the responsiveness of the payers' eligibility databases. Tim Andrews replied that CAQH Core Rules, which are now part of meaningful use standards, do specify SLAs, so a certain performance standard can be expected. CS-HIE Core Services will also need to comply with the SLAs and other Core Rules as well. Walter added that the draft technical architecture document proposes that any entity publishing support for administrative transactions through the CS-HIE architecture will be required to comply with CAQH Core Rules.
- Walter asked whether the CS-HIE Core Services would in fact be useful for the EDI scenario, given that EDI transactions are occurring today between practice management systems, health plans, and clearinghouses.
    - David Bass felt that there would be value, since it would allow providers to connect to multiple payers through a single mechanism.
    - Rim Cothren expressed uncertainty about whether the value provided by the CS-HIE services in the scenario would be significant enough for someone to pay for them. He suggested that this question would be important for TAC to consider.
    - Walter pointed out that there may be a business case if using the CS-HIE Core Services reduces the need for clearinghouses, since current clearinghouse costs to health plans are significant.
- Rim asked the group whether anyone perceived that a patient identity service would be necessary to complete the scenario, given that some within TAC believe that this is indeed the case. After a brief discussion, t**he group agreed by consensus that a centralized patient identity service is not required for support of the EDI scenario.** The following points were raised in relation to this issue:
    - The current scenario describes a process whereby eligibility verification occurs at the endpoints by the payers' systems. If instead a centralized eligibility service is envisioned, a centralized patient identity service could be a requirement.
    - While the group recognizes that there are shortcomings and limitations with how payers perform patient identification for eligibility, a patient identity service is not the appropriate solution to meet the current challenges that exist. Other solutions, such as greater adherence to CAQH Core Rules (which, for example, require payers to perform fuzzy matching of patient identities as opposed to being limited to exact matching approaches), may be more appropriate.

Web single sign-on scenario

In this scenario, a web browser in a physician practice accesses an all-payer portal server which supports single sign-on to all of the participating health plans' web portals. The all-payer portal server authenticates the user and then passes an authentication assertion to the appropriate health plan web portal when it is accessed by the user. CS-HIE Core Services may be invoked in the following situations:

- The all-payer portal may call the Provider Identity Service to provide individual user authentication for single sign-on, i.e. the Provider Identity Service acts as the identity provider. This would assume widespread or required use of the Provider Identity Service by the physician practices that access the all-payer portal.
- The all-payer portal server may perform system-level authentication of the requesting web browser against the Entity Registry Service to ensure that the web browser indeed belongs to an entity that is known by the Entity Registry Service. In this case, it is assumed that the all-payer portal has its own identity management system to authenticate users.

Walter observed that in the typical web single sign-on model, there exists a service requestor, a service provider, and an identity provider. However, in the scenario described, the interactions extend to include a fourth party (the CS-HIE Core Service). An open question for the group to consider is what would be required for the described model to work, i.e. is it a natural extension of the traditional model, or would additional protocols be needed? The question was left to the group to consider offline.

Summary of Key Questions/Issues/Decision Points:

- The value proposition provided by CS-HIE Core Services in the EDI scenario described for support of administrative transactions is uncertain and should be analyzed by TAC.
- The group agreed by consensus that a centralized patient identity service is not required for support of the EDI scenario describing interactions between CS-HIE services and an all-payer portal EDI engine for eligibility checking.
- The typical web single sign-on (SSO) model describes a service requestor, a service provider, and an identity provider. However, in the all-payer portal web single sign-on scenario described, the interactions extend to include a fourth party (the CS-HIE Core Service). What would be required for the described model to work, i.e. is it a natural extension of the traditional web SSO model, or would additional protocols/interactions be needed?

Next Steps:

- Walter will update Jonah regarding the TWG voting membership results for his input/approval of the proposed changes.
- The HIE Summit Meeting is scheduled for March 11 in Santa Ana. All workgroup members are invited to attend.
- The next TWG meeting is scheduled for 3/10 11:00AM-12:30PM.

Members Present

Name	Organization
Dave Bass	CA Dept. of Health Care Services
Scott Cebula	Independent
Basit Chaudhry	National Coalition for Health Integration
Scott Christman	CA Dept. of Public Health
Paul Collins	CA Dept. of Public Health
Robert("Rim") Cothren	Cognosante, Inc.
Jen Herda	Long Beach Network for Health
Laura Landry	Long Beach Network for Health
Lee Mosbrucker	CA Office of the Chief Information Officer
Eileen Moscaritolo	CalOptima
Jeff Newman	CA Business, Transportation and Housing Agency
Steve Saunders	LA County Dept. of Health Services
Ben Word	CA Dept. of Health Care Services

Staff Present

Name
Walter Sujansky
Tim Andrews
Peter Hung